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2017

Graduate nurse practice readiness: a conceptual understanding of an age old debate

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Publication Details

El Haddad, M., Moxham, L. & Broadbent, M. (2017). Graduate nurse practice readiness: a conceptual understanding of an age old debate. *Collegian: The Australian Journal of Nursing Practice, Scholarship and Research*, 24 (4), 391-396.

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Abstract

The growing demands of an aging population, a looming nursing shortage, widespread fiscal constraints and the growing complexity of a dynamic healthcare landscape means that graduate registered nurses (GRNs) are increasingly expected to be practice ready. This term, also known as fitness to practice, has long been used to describe a concept that is actually unformulated. Indeed, what does being practice ready actually mean and who are the appropriate stakeholders to define it? The prevalence of the ongoing debate about practice readiness, which has now been around for decades, indicates the issue is still at the fore of nursing discourse. Such debate is partly reflective of a difference in opinion between nurses in education and those within clinical practice sectors, as to whether new GRNs are in fact practice ready. This paper describes the findings of a grounded theory (GT) study, which examined the notion of practice readiness from the perspective of Nurse Unit Managers (NUMs) from the acute care practice sector and Bachelor of Nursing Program Coordinators (BNPCs) within the Australian context. Semi-structured interviews were undertaken with sixteen BNPCs and NUMs from across the country. Findings suggest that as a result of contextual influences and varying system drivers, BNPCs and NUMs in Australia inhabit disparate realities. When it comes to practice readiness, these cohorts view new graduates through different lenses and as such, have different perspectives and expectations of what it means to be practice ready. Practice readiness is indeed a nebulous concept. There is no clear definition and the concept means different things to different people. These findings have implications for policy, education and practice to consider a new world where all stakeholders involved in preparing the future nursing workforce have an equal say and a shared understanding of what practice readiness means.

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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The growing demands of an aging population, a looming nursing shortage, widespread fiscal constraints and the growing complexity of a dynamic healthcare landscape means that graduate registered nurses (GRNs) are increasingly expected to be practice ready. This term, also known as fitness to practice, has long been used to describe a concept that is actually unformulated. Indeed, what does being practice ready actually mean and who are the appropriate stakeholders to define it? The prevalence of the ongoing debate about practice readiness, which has now been around for decades, indicates the issue is still at the fore of nursing discourse. Such debate is partly reflective of a difference in opinion between nurses in education and those within clinical practice sectors, as to whether new GRNs are in fact practice ready.

This paper describes the findings of a grounded theory (GT) study, which examined the notion of practice readiness from the perspective of Nurse Unit Managers (NUMs) from the acute care practice sector and Bachelor of Nursing Program Coordinators (BNPCs) within the Australian context. Semi-structured interviews were undertaken with sixteen BNPCs and NUMs from across the country. Findings suggest that as a result of contextual influences and varying system drivers, BNPCs and NUMs in Australia inhabit disparate realities. When it comes to practice readiness, these cohorts view new graduates through different lenses and as such, have different perspectives and expectations of what it means to be practice ready.

Practice readiness is indeed a nebulous concept. There is no clear definition and the concept means different things to different people. These findings have implications for policy, education and practice to consider a new world where all stakeholders involved in preparing the future nursing workforce have an equal say and a shared understanding of what practice readiness means.

Keywords: Graduate nurse; Practice readiness; Fitness to practise; Nursing education; Transition to practice.

Summary of Relevance

Problem or Issue

- A long standing debate indicates a difference in perspective of practice and education sectors regarding graduate registered nurse practice readiness in the Australian context.

What is Already Known

- GRNs do not transition easily into the role of registered nurse and many express a willingness to leave the profession.
- They are expected to be able to hit the floor running, despite this being unreasonable for novices.
- There is dissatisfaction with the level of preparation of nursing students.

What this Paper Adds

- As a result of contextual influences and varying system drivers, nurses in education and practice sectors appear to be *Inhabiting Disparate Realities* and therefore, have different perspectives and expectations of what it means to be practice ready.
- A perceived lack of meaningful collaboration and authentic partnership between faculty at universities and clinicians at health services contributes to their varying perspectives.

Introduction

Preparing graduate registered nurses (GRNs) who are able to seamlessly integrate into the workforce is an age old concern within the profession of nursing. The discourse surrounding practice readiness is not new. Despite its longitudinal narrative, the discussion is not becoming any less audible. In fact, and perhaps it is because GRNs have to enter a profession that sits within a progressively complex healthcare system, the discourse appears to be increasingly vociferous. GRNs are expected to be practice ready and contributing to this is the growing complexity of an ever changing healthcare system, widespread fiscal constraints, the growing healthcare demands of an aging population, and a projected looming nursing shortage.

Health Workforce Australia (HWA, 2012) in their report *Health Workforce 2025 – Doctors, Nurses and Midwives* warn if current trends continue, Australia will suffer from a shortfall of over 100,000 nurses by 2025. As a result, a significant number of GRNs will increasingly be required to join the workforce each year to respond to growing healthcare demands (El Haddad, Moxham & Broadbent, 2013). Each graduate is expected to be able to hit the floor running, despite this perhaps being unreasonable for a novice, and so the debate about practice readiness remains palpable across the globe. The discourse happens in many countries, for example Australia, (El Haddad et al., 2013; Missen, McKenna, Beauchamp & Larkins, 2016; Parker, Giles, Lantry & McMillan, 2014; Usher et al., 2015), and Canada (Romyn et al., 2009; Rush, et al., 2015; Wolff, Pesut & Regan, 2010). Further to this, the debate occurs in the UK (Clark & Holmes, 2007; Monaghan, 2015), and in the USA (Oermann et al., 2010; Spector et al., 2015; Williams, Kim, Dickison & Woo, 2014). Much of the debate surrounds the issue of what is termed the ‘theory-practice gap’ and in contemporary nursing education this applies to university prepared graduates (Monaghan, 2015). Such longstanding debate highlights what appears to be a tension between the health industry and the higher education sector in Australia, and indeed globally, as to whether GRNs are, in fact, practice ready (Numminen et al., 2014).

Driven by the desire to understand the reasons for such enduring tension within the Australian context, a PhD study explored the notion of practice readiness from the perspective of Nurse Unit Managers (NUMs) from the acute care practice sector and Bachelor of Nursing Program Coordinators (BNPCs)

within the Australian context. The findings, which are illuminated in this paper, suggest reasons as to why the debate has had such longevity.

Background and Context

Studying in an Australian Bachelor of Nursing (BN) program provides students with opportunities to develop knowledge and skills at a beginning practitioner level (Moxham, 2015). To that end, comprehensive nursing education curricula prepare GRNs with broad based clinical knowledge and skills, said to enable practice in a wide range of healthcare settings (Nursing and Midwifery Board of Australia [NMBA], 2006). As such, GRNs commence nursing practice at a beginning practitioner level and with the award of registration, they are expected to provide safe and effective clinical care (NMBA, 2006), but notably at a novice level (McGrath et al., 2006).

Prior to the transfer of nurse education *én masse* to the tertiary sector in the mid 1980s in Australia, student nurses were recruited directly by hospitals where they undertook their training and usually resided in nurses' quarters, which were located on the hospital campus (McGrath et al., 2006). This was known as 'hospital based training'. Mannix, Wilkes and Luck (2009, p. 60) suggest that these student nurses 'grew to know the ways and the idiosyncrasies of their training hospitals ... and were accepted as being an integral part of hospital life and central to the nursing workforce'. Given the extent then, of clinical exposure undertaken during hospital based training, one might expect practice readiness not to be an issue. Not so, with Sax (1978), over three decades ago, reporting that the theory-practice gap and the inadequate preparation of nurses were perceived as limitations associated with hospital based training programs in Australia.

The notion then of a theory-practice gap, is not new (Monaghan, 2015). The theory-practice gap is said to be the difference between the theoretical knowledge of what 'should' happen and the reality of 'actual' performance (Clark & Holmes, 2007). If Sax's original assertion that the theory-practice gap was related to hospital based training, one could assume then, that given nurses are now educated in universities, the theory-practice gap debate can be relegated to history. However, the theory-practice gap and the subsequent perceived limitations of GRNs continue to be prominent in nursing discourse

nationally and internationally (Missen et al., 2016; Monaghan, 2015). Even though, the discourse about a theory-practice gap continues, the underlying assertions appear to have changed. University graduates are perceived to have a theory-practice gap because they have too much theory and not enough practice (Monaghan, 2015), hospital trained nurses supposedly had too much practice and not enough theory (Sax, 1978).

Multiple Australian studies have identified dissatisfaction with the perceived level of preparation of nursing students and their ability to function as RNs upon graduation (Evans, Boxer & Sanber, 2008; Usher et al., 2015). Some studies from the USA also report that GRNs are perceived as inadequately prepared for the challenges of clinical practice, particularly from the perspective of nurse managers (Oermann et al., 2010) but also from the perspective of GRNs themselves (Cheeks & Dunn, 2010). Recent studies in Canada also report on the perceived lack of practice readiness of GRNs as they enter the workplace (Rush et al., 2015; Wolff et al., 2010). To that end, Romyn et al. (2009) suggest that the perceived lack of practice readiness of GRNs is of concern to all stakeholders including educators and employers in Canada and that GRNs need to ‘hit the floor running’; an expectation reflecting the urgent need in the practice settings, but one that places unrealistic expectations on GRNs. The International Council of Nurses (2009, p. 6) also contends that the perception of employers generally, is that GRNs are not ‘prepared for the realities of practice nor do they have the competencies needed by current health care services’.

Expectations on GRNs within contemporary, complex and “resource stretched” health service systems are high, and many express a willingness to leave the profession (Flinkman, Isopahkala-Bouret & Salanterä, 2013). Despite the conjecture that new GRNs are not practice ready as a result of their educational preparation, Cowin and Jacobsson (2003) caution against blaming the high attrition of new GRNs on the education system for their purported lack of work-readiness. High attrition rates suggest that GRNs do not easily transition into the role of RN, having to come to terms with not only clinical issues and time management but also assimilating with their professional identity (Evans et al., 2008).

To support the move from student to RN, healthcare organisations consider graduate transition programs as an effective strategy for providing support to GRNs during their first year of practice

(Rush, et al. 2015). Transition programs are considered necessary by health services to bridge the perceived theory-practice gap (Rush, et al. 2015) and ‘to redress the perceived inadequacy of university preparation for registered nurses’ (Evans et al., 2008, p. 20). Research such as that from Missen, McKenna and Beauchamp (2016) regarding the perspectives of graduate nurse program coordinators on the formal preparation of GRNs throughout their first year of employment examines the role of transition programs.

To date, the majority of newly graduated RNs are initially employed within the acute care environment (North, Leung & Lee, 2014). Several recent Australian studies (Bloomfield, Gordon, Williams & Aggar, 2015; Hickey & Harrison, 2013) contend that the majority of students continue to pursue a career in acute care settings. This might be due to job availability as a result of the higher rate of job turnover of nurses in hospitals as compared to community or rural healthcare settings (Hayes et al., 2006). Wanting to work in the acute care sector appears to remain the preference despite the changing landscape of healthcare in Australia and the calls to strengthen the role of primary healthcare nursing (Productivity Commission, 2011).

Within acute care settings, NUMs play a major role in providing support for new GRNs entering the workforce during the transition period (Williams et al., 2014). Given the significance of the role that NUMs play, their perspective with regard to GRN practice readiness, is worthy of examination.

The discussion above reveals the longstanding national and international debate, which contributes to the conjecture that GRNs are unprepared for the challenges of the current healthcare system and are therefore not ready for practice. But as postulated in the opening of this paper, what does being practice ready mean? The contribution that this study makes to this discourse is that it offers a possible explanation regarding the underlying issues that inform the debate about GRN practice readiness in the Australian context and provides reasons as to why the debate has had such longevity.

Aims

This paper describes the findings of a grounded theory (GT) study, which examined the notion of practice readiness from the perspective of NUMs from the acute care practice sector and BNPCs from

the education sector within the Australian context. This paper contributes to the discourse of practice readiness by offering an explanation of how nurses from these different settings conceptualise practice readiness. It does this by describing a concept known as *Inhabiting Disparate Realities*, which represents the core category of this GT study.

Study Design

Using a classic GT methodology (Glaser, 1978) within a symbolic interactionist framework, this study explored the perspectives of NUMs and BNPCs regarding GRN practice readiness. Theoretical sampling, theoretical sensitivity, constant comparative data analysis, open, selective and theoretical coding, theoretical saturation and memoing (Glaser, 1978) guided the research design.

GT research (Glaser & Strauss 1967) is rooted in the theoretical perspective of symbolic interactionism (Blumer 1969), which proposes that reality is represented in the meanings that individual people derive from their social interactions in the setting in which they occur (Blumer, 1969). Utilising the constant comparative approach for data analysis within this framework led to the emergence of the El Haddad (2016) substantive theory *Practice Readiness: A Nebulous Construct*, which is illustrated in Figure 1.

Insert Figure 1

Participants

The insights of BNPCs who lead BN education programs in Australian universities and NUMs who manage graduates in acute care hospitals make a significant contribution to this debate. Therefore, their voice and perspectives necessarily informed this study. As such, purposive sampling followed by theoretical sampling techniques, were used to recruit participants. Recruitment strategies resulted in a total of 16 participants ($n=7$ NUMs; $n=9$ BNPCs).

Ethical Considerations

Prior to data collection ethical approval was granted from the University of Wollongong Human Research Ethics Committee (HE12/356). Participation was voluntary and participants could withdraw

consent at any time. At all times the research adhered to the National Health and Medical Research Council research ethics guidelines (2007).

Methods

In-depth, semi-structured interviews were used as the means of data collection. This ‘conversational’ approach enabled participants to elaborate on responses (Schneider, Whitehead, LoBiondo-Wood & Haber, 2013) and the researcher to clarify and check for understanding during the interview (Charmaz, 2006). Interviews lasted about 45 minutes, were digitally recorded and transcribed verbatim to enhance data analysis. This facilitated engagement in immediate and concurrent data analysis (Birks & Mills, 2011). Interviews commenced with a ‘grand tour’ statement: *‘I would like to talk with you about your perspective regarding newly graduated RNs’ practice readiness’*, followed by the broad open ended question of: *‘What is your opinion regarding graduate nurse practice readiness?’* Probing questions elicited deep answers and as such, interview questions evolved as the conversation progressed.

In GT, data collection and data analysis occur concurrently from the beginning of the study in a process termed, constant comparative analysis. The constant comparative analysis is a process where all newly collected data is compared with data collected earlier to refine theoretically relevant categories (Glaser & Strauss, 1967). In this study, coding of data started soon after the initial episode of data collection. Data analysis was accomplished by following the three stages of coding techniques namely open, selective and theoretical coding (Glaser, 1978). A process of refining and connecting codes and categories ensued until theoretical saturation was achieved. A number of findings were conceptualised during analysis of the data, which led to the emergence of the El Haddad (2016) substantive theory *Practice Readiness: A Nebulous Construct* (Figure 1). However, for the purpose of this journal paper, it is the core category, namely *Inhabiting Disparate Realities* that will be discussed. In GT, the core category is central to the data (Glaser, 1978) and it represents the main issue for the people involved, which sums up ‘the substance of what is going on in the data’ (Glaser, 2005, p. 3).

Findings

As suggested by the title of the substantive theory, *Practice Readiness: A Nebulous Construct*, the nature of practice readiness is nebulous, which denotes its vague and ill-defined nature. The following participant excerpts distinctly reflect such a nebulous nature of newly graduated RN practice readiness:

P 10 (BNPC): *Maybe our expectations are too high, maybe when we say we want them work ready we mean we want them work ready at the expert level and not the novice level.*

P 11 (BNPC): *It is about how we might choose to define graduate readiness. For the bulk of activity that goes on in those settings, they are probably quite capable.*

Inhabiting Disparate Realities represents the social architecture regarding the different worlds in which the NUMS and BNPCs inhabit. *Inhabiting Disparate Realities* fundamentally means that NUMs and BNPCs, as a result of varying system drivers, view GRN practice readiness through different lenses, and therefore, the notion of being practice ready, inherently means different things to the two cohorts. It is this divergence in opinion, as a result of varying system drivers that shaped participants' perspectives. As such, their priorities and expectations regarding graduate RN practice readiness were inevitably going to be different. Whilst acknowledging the fact that newly graduated RNs are indeed novices, the neophytes were however, expected to 'hit the floor running' from the commencement of their employment.

P 3 (NUM): *... they're [GRNs] not given a lighter case load. They're given the same back-up, the same Enrolled Nurse, the same team as any other RN. You can't say 'ohh we'll really give you the lightest load' it doesn't work like that in the real world. They [GRNs] come out and they run the same as everybody else.*

There were varying system drivers that led to NUMS and BNPCs *Inhabiting Disparate Realities*. These drivers relate to monetary and regulatory processes and standards that govern both the practice and education sectors at macro level i.e. curricula composition/requirements and accreditation standards (ANMAC, 2012; NMBA, 2006, 2016) and micro level i.e. skill-mix at unit/ward level and budget requirements. Participants discussed how certain features of the BN curricula impact graduate RNs' preparation and hence their practice readiness. The most significant of these perceived features

include: the broad nature of the curricula and its inconsistent theoretical and practical components; the limited hours of clinical exposure; and the lack of consistency in student supervision and assessment of clinical competence. Such system drivers impacted the perspectives of participants.

Complex care needs of an aging population, challenged Australian policy makers to consider strategies that enable the provision of high quality cost effective healthcare (Productivity Commission, 2011). Developing nursing graduate competence to meet the needs of this population was one of the recommendations of the Productivity Commission (2011). Thus, the BN curricula needed to be broad in nature and to offer wide clinical exposure in varying clinical contexts (ANMAC, 2012). Such system drivers shape the reality of BNPCs and as such, inform their perspectives and priorities. NUMs however, have different system drivers and as a consequence discussed the necessity for graduate RNs to have more clinical exposure in acute care settings:

P 2 (NUM): ... *they [students] should have a little bit more clinical exposure so when they come to the areas [acute setting] they [GRN] are a little bit more confident in their own abilities.*

Such influential drivers shaped participants' perspectives and their expectations regarding GRN practice readiness. Their opinions differed regarding what GRNs needed to be and what they needed to be able to do. BNPCs considered GRNs to be practice ready according to curricula requirements and professional competency standards (ANMAC, 2012). NUMs agreed that curricula requirements were met by GRNs, but their 'workforce drivers' meant that GRNs were needed to 'hit the floor running'. These different perspectives led to different expectations.

Findings from this study indicate that each cohort may not be fully aware of the others' reality, their 'system drivers', their expectations and demands. *Inhabiting Disparate Realities* were recognised by participants in this study although not named as such. A number of participants acknowledged that each cohort sees things differently, but held hope of working together as suggested by the following participant:

P 12 (NUM): ... *I think the hospital has its own agenda, the university has its own agenda ... And they never seem to marry up ... it's going to be a lot better for everybody, including the patients, if everyone got together, rather than have their own agenda.*

Despite accreditation requirements to consult, participants voiced concerns regarding what they thought was a lack of meaningful collaboration and authentic partnership between universities and healthcare services in relation to nursing education.

P 1 (NUM): ... *Why isn't there more interaction between us?*

P 9 (BNPC): ... *if health services actually work with the education facility, then they would understand ... how students are educated and how graduates are skilled.*

Inhabiting Disparate Realities and the apparent lack of meaningful collaboration and authentic partnership has resulted in confusion regarding whose responsibility it is to educate nurses.

P 9 (BNPC): ... *one of the biggest flaws in the health system is that the responsibility for nurse education is seen to belong to the university and there's absolutely no way that we can grow a nurse, make a nurse, build a nurse, whatever you want to call it, without a strong partnership with the health services in our region ... I strongly believe that partnership is the only way with nursing education.*

P 4 (BNPC): ... *unless we work together with the university sector plus the health care institutions ... to encourage that concept that these students are our future, lets treat them well, let's work together to make sure that they stay in the health care setting ... that's really important to encourage that working together a lot more so that it can happen.*

The need to collaborate but the perceived lack of meaningful collaboration and authentic partnership is because NUMs and BNPCs “live in different worlds”. Thus reinforcing the notion of them *Inhabiting Disparate Realities*.

Discussion

NUMS and BNPCs are nurses, but the nursing profession is not homogenous and the lens through which they view practice readiness is culturally constructed. NUMs and BNPC work in very different

environments. Fundamentally, they operate within different cultures and culturally disparate groups are challenged to develop a functional and collaborative working relationship without a deep understanding of, and appreciation of each other's world (reality). Broadbent (2011) posits this as collegiate presence.

Perspectives are a 'set of assumptions, values, and beliefs used to organise our perceptions and control our behaviour' (Charon, 2010, p. 11). Humans see reality through their own perspectives and given that a person's perspective is only one angle on reality, each person can only see part of reality (Charon, 2010). As such, a phenomenon, such as practice readiness needs to be understood from multiple perspectives as each 'reality' contributes important insights about the phenomenon. Charon (2010) explains that people usually believe that their perspective is the right one and they often reject other perspectives that they do not know much about.

It appears then that a lack of meaningful collaboration and authentic partnership between faculty at universities and clinicians at health services, as claimed by participants in this study, contributes to a lack of understanding of the others' perspective. This lack of understanding is a result of NUMs and BNPCs *Inhabiting Disparate Realities*. Furthermore, inadequate collegiate presence (Broadbent, 2011) resulting from partnerships that aren't authentic and collaborative, also contributes to a lack of understanding of each other's realities and as such, each other's perspectives.

Preparing GRNs should be a shared responsibility between universities, healthcare organisations and regulatory bodies, all of whom play a major role (ANMAC, 2012). Shared responsibility implies collaboration. The participants in this study though, suggest that a lack of meaningful collaboration and authentic partnership existed between stakeholders. Such finding is congruent with the findings of a Canadian study, which explored the perspectives of 150 nurses regarding perceived practice readiness of GRNs (Wolff et al., 2010). Wolff and colleagues (2010, p. 190) also found that 'with the movement away from the shared accountabilities between the education and practice sectors, it is no longer clear who plays what role in ensuring that nurses are practice ready'.

The need for health services and universities to engage in meaningful collaboration and authentic partnership to better prepare the future nursing workforce has been widely acknowledged (Clare et al., 1996; Häggman-Laitila & Rekola, 2014; Mannix et al., 2009). However, since the transfer of nursing education *en masse* in the mid 1980s from the health to the tertiary sector, a delineation of responsibility for preparing GRNs has emerged. Clare et al. (1996, p. 170) assert that ‘since the transfer of nursing education to the tertiary sector, education and beginning practice have become separate entities with little continuity’.

The recent proposal by the *Australian College of Nursing* to form a national transition framework to enhance support for GRNs, highlights the need to do things differently (Thoms, 2014). However, for this framework to be effective, El Haddad (2014) suggests that:

... its architects first need to consider defining the graduate identity, to ensure that clinicians, employers and educators’ expectations of graduate RNs remain reasonable and realistic. Furthermore, this framework needs to work towards diminishing the delineation of educational responsibilities, in which the education sector is mainly responsible for the pre-registration component and the health sector takes over for the post-registration component, which includes the transition of new graduates into the nursing workforce.

Limitations

The small number of participants ($n=16$) could be considered a limitation of the study despite the fact that the sample size was determined by the theoretical saturation of the data. Another limitation could be the use of purposive and theoretical sampling methods. While the use of such sampling methods is a main feature of GT research, participants who chose to take part in this study may have a different perspective on the topic of interest to those who chose not to participate. Furthermore, seeking the perspective of NUMs in acute hospital setting as representatives of the practice sector, rather than NUMs of other clinical settings such as critical care, rural, community and mental health could be considered another limitation of the study. This study is transferable not generalisable, but some consider a lack of generalisability to be a limitation. Perhaps future research could be conducted to test

the substantive theory *Practice Readiness: A Nebulous Construct* from a positivistic perspective. Additionally, the perspective of other stakeholders and representatives of the education and practice sectors in Australia could test the themes that emerged from this GT study.

Concluding remarks

El Haddad (2014) and Broadbent (2011) raise an important point about collaboration and collegiate presence. How can members of the nursing profession, drawn from the practice and education sectors, applying their knowledge and skills in different jurisdictions and environments agree on practice readiness if they do not collaborate meaningfully? *Inhabiting Disparate Realities* is a complex interplay of multiple features that inform a diverse understanding of what it means to be practice ready according to NUMs and BNPCs. No wonder when it comes to the notion of practice readiness, which this paper asserts is a nebulous concept, what we have is nurses in education and practice sectors *Inhabiting Disparate Realities*. Perhaps it is time a clear definition of practice readiness needs to be established.

Acknowledgements

The authors extend their gratitude to all the NUMs and BNPCs who participated in the study for their time and for sharing their perspectives.

Conflict of Interest Disclosures

No conflict of interest has been declared by the authors.

References

- Australian Nursing & Midwifery Accreditation Council (ANMAC). (2012). *Registered nurse accreditation standards*. Retrieved August 15, 2012, from <http://www.nursingmidwiferyboard.gov.au/News/2012-11-01-ANMAC-standards.aspx>
- Birks, M., & Mills, J. (2011). *Grounded theory – A practical guide* (1st ed.). London: Sage Publications Ltd.
- Bloomfield, J. G., Gordon, C. J., Williams, A. M., & Aggar, C. (2015). Nursing students' intentions to enter primary health care as a career option: Findings from a national survey. *Collegian*, 22(2), 161-167.
- Blumer, H. (1969). *Symbolic interactionism – perspective and method*. New Jersey: Prentice-Hall.
- Broadbent, M. (2011). *An ethnographic examination of the influences on the relationship between mental health triage nurses and emergency department triage nurses*. PhD Thesis. Rockhampton: CQUniversity.
- Charmaz, K. (2006). *Constructing grounded theory – A practical guide through qualitative analysis*. London: Sage Publications Ltd.
- Charon, J. M. (2010). *Symbolic interactionism: an introduction, an interpretation, an integration*. Boston: Pearson Education.
- Cheeks, C., & Dunn, P. S. (2010). A new-graduate programme – empowering the novice nurse. *Journal for Nurses in Staff Development*, 26(5), 223-227.
- Clare, J., Longson, D., Glover, P., Schubert, S., & Hofmeyer, A. (1996). From university student to registered nurse: the perennial enigma. *Contemporary Nurse*, 5(4), 169-176.
- Clark, T. & Holmes, S. (2007). Fit for practice? An exploration of the development of newly qualified nurses using focus groups. *International Journal of Nursing Studies*, 44(7), 1210-1220.
- Cowin, L., & Jacobsson, D. (2003). 'The nursing shortage: part way down the slippery slope'. *Collegian*, 10(3), 31-35.
- El Haddad, M. (2016). *A grounded theory examination of the perspective of practice and education sectors regarding graduate registered nurse practice readiness in the Australian context*. PhD Thesis. Wollongong: University of Wollongong.
- El Haddad, M. (2014). Ready or not. *Nursing Review*, (4), April, 32-33. Canberra: Australian College of Nursing.
- El Haddad, M., Moxham, L., & Broadbent, M. (2013). Graduate registered nurse practice readiness in the Australian context: An issue worthy of discussion. *Collegian*, 20(4), 233-238.
- Evans, J., Boxer, E., & Sanber, S. (2008). The strengths and weaknesses of transitional support programmes for newly registered nurses. *Australian Journal of Advanced Nursing*, 25(4), 16-22.
- Glaser, B. G. (1978). *Theoretical sensitivity, advances in the methodology of grounded theory*. Mill Valley, CA: Sociology Press.
- Glaser, B. G. (2005). Basic social processes. *The Grounded Theory Review*, 4(3). Retrieved May 27, 2015, from <http://groundedtheoryreview.com/2005/06/22/1533/>
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine Publishing Company.
- Flinkman, M., Isopahkala-Bouret, U. & Salanterä, S. (2013). Young registered nurses' intention to leave the profession and professional turnover in early career: a qualitative case study. *ISRN Nursing*, doi.org/10.1155/2013/916061

- Häggman-Laitila, A., & Rekola, L. (2014). Factors influencing partnerships between higher education and healthcare. *Nurse Education Today*, 34(10), 1290-1297.
- Hayes, L., O'Brien-Pallas, L., Duffield, C., Shamian, J., Buchan, J., Hughes, F., ... Stone, P. (2006). Nurse turnover: a literature review. *International Journal of Nursing Studies*, 43(2), 237-263.
- Health Workforce Australia (HWA). (2012) *Health workforce 2025: doctors, nurses and midwives*. Retrieved July 24, 2013, from <http://www.hwa.gov.au/work-Programmes/information-analysis-and-planning/health-workforce-planning/hw2025-doctors-nurses-and->
- Hickey, N., & Harrison, L. (2013). Career choices and destinations of rural nursing students undertaking single and double degrees in nursing. *Australian Journal of Advanced Nursing*, 30(4), 32-39.
- International Council of Nurses. (2009). *Reducing the gap and improving the interface between education and service: a framework for analysis and solution generation*. Retrieved October 17, 2010, from http://www.icn.ch/images/stories/documents/publications/free_publications/reducing_the_gap.pdf
- Mannix, J., Wilkes, L., & Luck, L. (2009). Key stakeholders in clinical learning and teaching in bachelor of nursing programmes: a discussion paper. *Contemporary Nurse*, 32(1-2), 59-68.
- McGrath, P., Anastasi, J., Fox-Young, S., Gorman, D., Moxham, L., & Tollefson, J. (2006). Collaborative voices: ongoing reflections of nursing competencies. *Contemporary Nurse*, 22(1), 46-58.
- Missen, K., McKenna, L. & Beauchamp, A. (2016). Graduate nurse program coordinators' perspectives on graduate nurse programs in Victoria, Australia: A descriptive qualitative approach. *Collegian*, 23(2), 143-248.
- Missen, K., McKenna, L., Beauchamp, A. & Larkins, J-A. (2016). Qualified nurses' rate new nursing graduates as lacking skills in key clinical areas. *Journal of Clinical Nursing*, (version of record online), DOI: 10.1111/jocn.13316
- Monaghan, T. (2015). A critical analysis of the literature and theoretical perspectives on theory-practice gap amongst newly qualified nurses within the United Kingdom. *Nurse Education Today*, 35, e1-e7.
- Moxham, L. (2015). Nurse education, research and evidence-based practice (3rd ed.). In B. Kozier and G. L. Erb (Ed.), *Fundamentals of Nursing* (pp. 24-39). Melbourne: Pearson.
- National Health and Medical Research Council (NHMRC). (2007). *National statement on ethical conduct in human research*. Canberra: NHMRC.
- North, N., Leung, W., & Lee, R. (2014). New graduate separation from New Zealand's nursing workforce in the first 5 years after registration: a retrospective cohort analysis of a national administration data set 2005-2010. *Journal of Advanced Nursing*, 70(8), 1813-1824.
- Numminen, O., Laine, T., Isaho, H., Hupli, M., Leino-Kilpi, H. & Meretoja, R. (2014). Do educational outcomes correspond with the requirements of nursing practice: educators' and managers' assessment of novice nurses' professional competence. *Scandinavian Journal of Caring Sciences*, 28(4), 812-821.
- Nursing and Midwifery Board of Australia (NMBA). (2006). *National competency standards for the registered nurse*. Retrieved July 20, 2013, from <http://www.nursingmidwiferyboard.gov.au/Search.aspx?q=Competency%20Standards%20for%20RN>
- Nursing & Midwifery Board of Australia (NMBA). (2016). *Registered nurse standards for practice*. Retrieved February 10, 2016, from <http://www.nursingmidwiferyboard.gov.au/Search.aspx?q=RN+standards+for+practice>

- Oermann, M. H., Poole-Dawkins, K., Alvarez, M. T., Foster, B. B., & O'Sullivan, R. (2010). Managers' perspectives of new graduates of accelerated nursing programmes: how do they compare with other graduates? *The Journal of Continuing Education in Nursing*, 41(9), 394-400.
- Parker, V., Giles, M., Lantry, G., & McMillan, M. (2014). New graduate nurses' experiences in their first year of practice. *Nurse Education Today*, 34, 150-156.
- Productivity Commission. (2011). *Caring for older Australians - Productivity commission inquiry report volume 1*. Retrieved Nov 22, 2012, from <http://www.pc.gov.au/inquiries/completed/aged-care/report/aged-care-volume1.pdf>
- Romyn, D., Linton, N., Giblin, C., Hendrickson, B., Limacher, L. M., Murray, C., ... Zimmel, C. M. (2009). Successful transition of the new graduate nurse. *International Journal of Nursing Education Scholarship*, 6(1), 1-17.
- Rush, K. L., Adamack, M., Gordon, J., Janke, R., & Ghement, I. R. (2015). Orientation and transition programme component predictors of new graduate workplace integration. *Journal of Nursing Management*, 23(2), 143-155.
- Sax, S. (1978). *Nurse Education and training: report of the committee of inquiry into nurse education and training to the tertiary education commission*. Canberra: TEC.
- Schneider, Z., Whitehead, D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence-based practice* (4th ed.). Chatswood: Mosby.
- Spector, N., Blegen, M. A., Silvestre, J., Barnsteiner, J., Lynn, M. R., Ulrich, B., ... Alexander, M. (2015). Transition to practice study in hospital settings. *Journal of Nursing Regulation*, 5(4), 24-38.
- Thoms, D. (2014). Transitions require support. *Nursing Review*, April (3), 24.
- Usher, K., Mills, J., West, C., Park, T., & Woods, C. (2015). Preregistration student nurses' self-reported preparedness for practice before and after the introduction of a capstone subject. *Journal of Clinical Nursing*, n/a-n/a. doi: 10.1111/jocn.12996
- Williams, N., Kim, D., Dickison, P., & Woo, A. (2014). NCLEX and entry-level nurse characteristics. *Journal of Nursing Regulation*, 5(2), 45-49.
- Wolff, A. C., Pesut, B., & Regan, S. (2010). New graduate nurse practice readiness: perspectives on the context shaping our understanding and expectations. *Nurse Education Today*, 30(2), 187-191.